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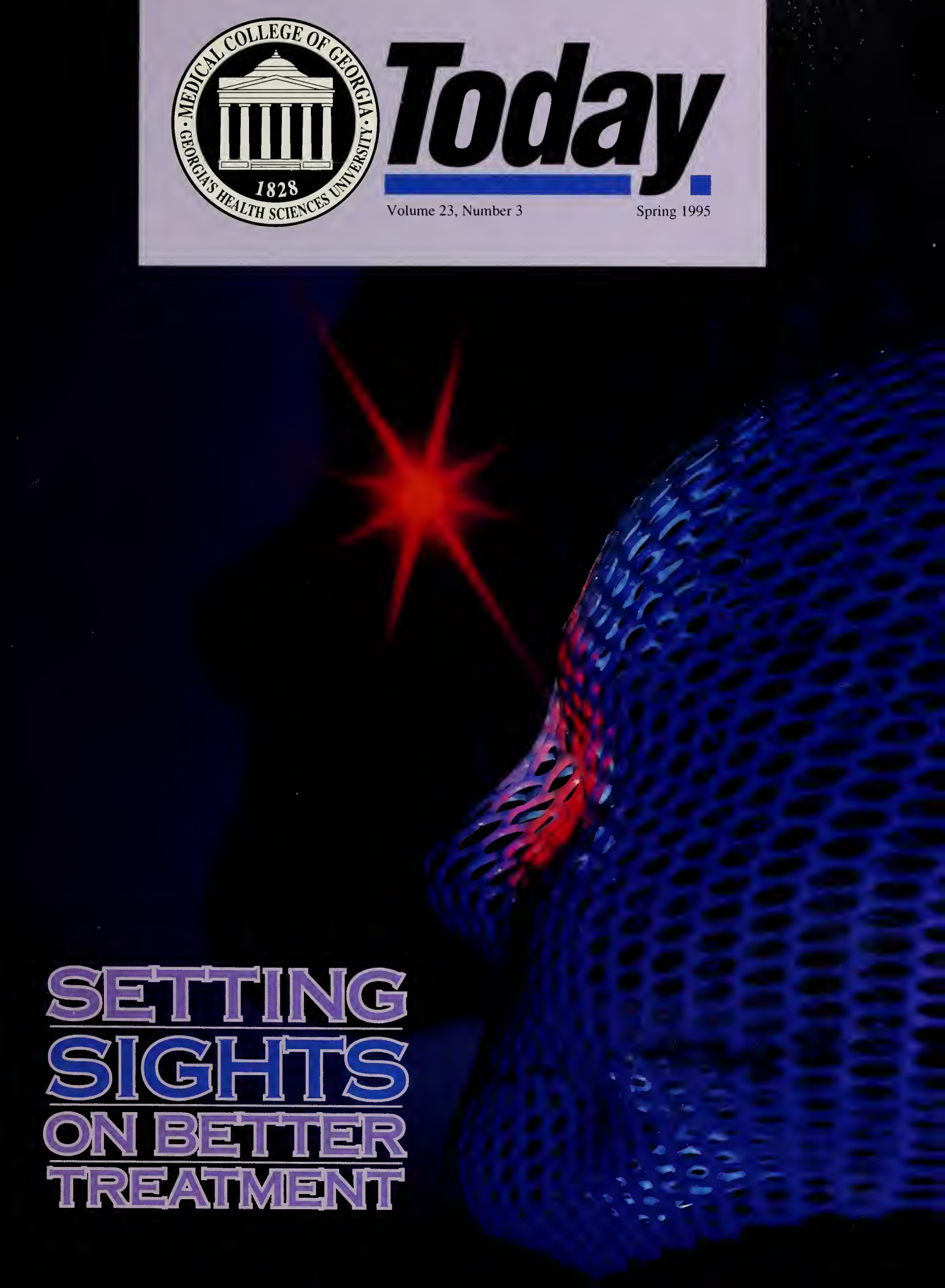
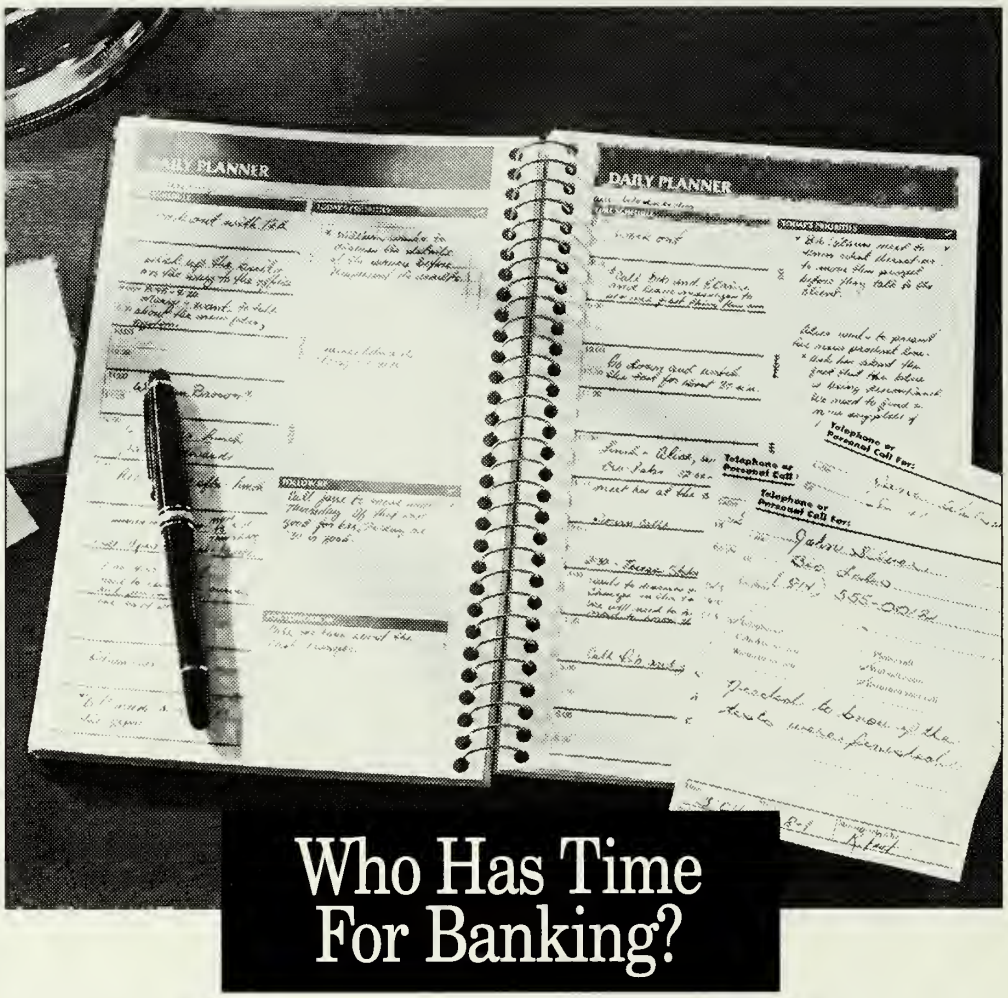
Today

Volume 23, Number 3 Spring 1995



SETTING SIGHTS ON BETTER TREATMENT



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Today

Volume 23, Number 3 Spring 1995

Introduction

If health sciences universities strike you as imposing, esoteric and unapproachable bastions of higher learning, you've likely never visited the Medical College of Georgia. Our work may be among the most sophisticated and groundbreaking in the world, but we've never been big on sealing ourselves off in ivory towers to get it done.

Indeed, MCG is among the most constant and recognizable presences in community efforts. And our community stretches far beyond the Augusta area, although our home base is always a top priority.

One of the most impressive aspects of MCG's good will is the tendency of its faculty and staff to routinely go above and beyond its normal workload. For instance, how would you expect emergency-medicine health-care professionals to spend their spare time? A group of them at MCG have committed to attending local high-risk sporting events, such as drag-boat racing, to offer immediate medical assistance if necessary. Their efforts, purely voluntary, are profiled in this edition of *Medical College of Georgia Today*.

Likewise, occupational therapists at MCG are always looking for ways to put their expertise to practical use. Read about their expanded effort to help disadvantaged preschoolers in the Augusta area start school on equal footing with their peers.

And the School of Nursing is among the most vocal proponents of preventive health care. It's heartbreaking to spend months (and millions) treating premature infants who could have been born healthy if their mothers had received proper prenatal care. So the school began staffing a prenatal center in Jefferson County, the fifth most economically disadvantaged county in Georgia. The statistics based on the center's first year of operation are nothing short of astounding. Read about this clinic, along with several clinics the School of Dentistry staffs in medically underserved sites to offer free dental care to the elderly.

Speaking of the elderly, don't miss our cover story about a new treatment for the leading cause of blindness among those age 65 and older. ■

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X-rays may hold the key for better treatment of the leading cause of blindness among the elderly.

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Ophthalmologists use a specially fitted mask to target X-rays used to treat macular degeneration. See page 2.

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SETTING SIGHTS ON BETTER TREATMENT

In 1917, a 17-month-old child was brought to Dr. Frederick H. Verhoeff and the Massachusetts Eye and Ear Infirmary because the pupil in his right eye had turned white.

There was cancer and the child would lose that eye; a year and a half later, his left eye also began to take on this whitish hue.

In an effort to save this child's vision, Dr. Verhoeff, director of Harvard Medical School's Howe Laboratory of Ophthalmology, became the first to use X-rays in the eye.

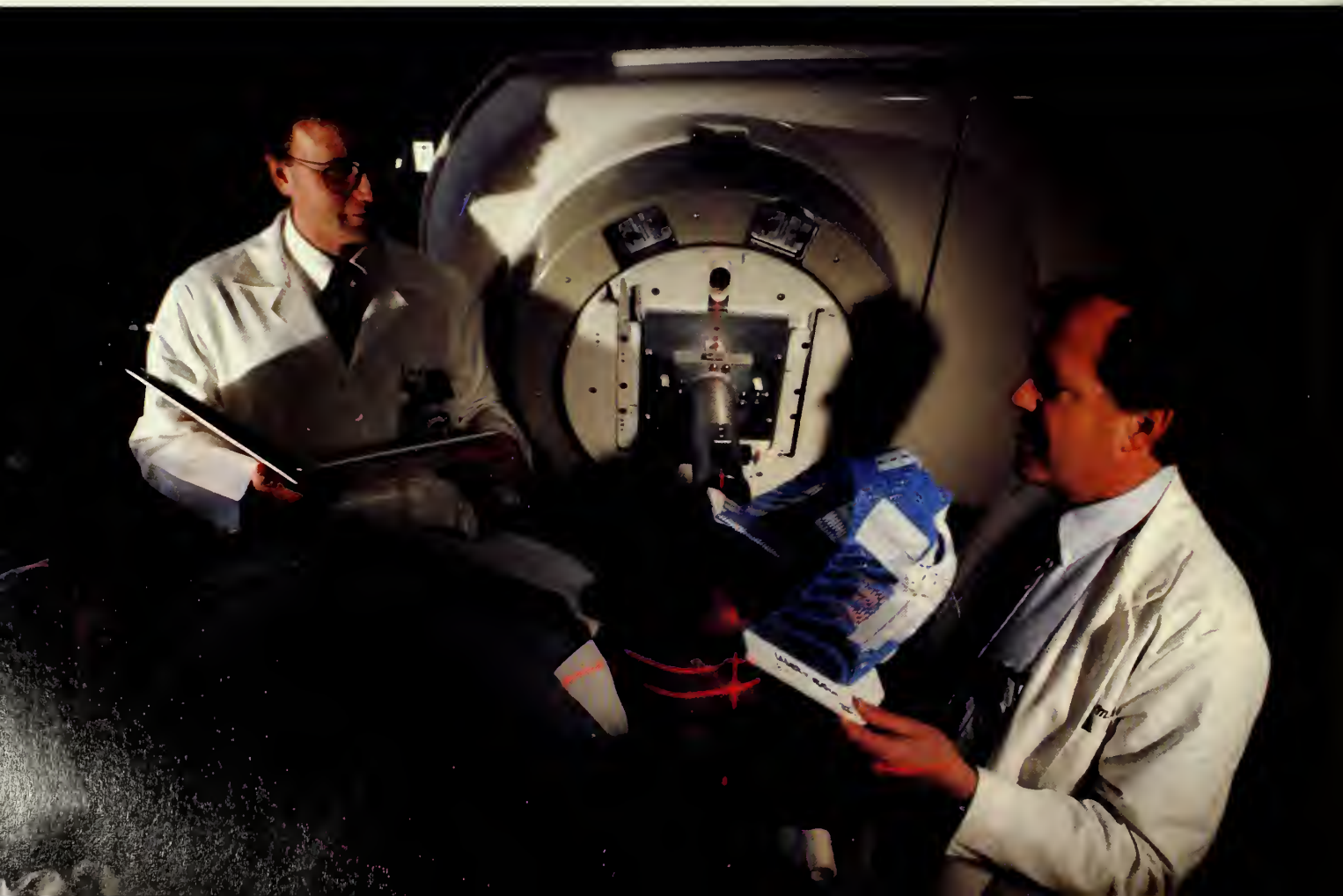
Within six months, the tumor was fading.

The child grew into a man who still had good vision when he died at age 72.

Dr. Dennis M. Marcus was a research fellow in ophthalmology in 1988 when he studied the irradiated eye of Dr. Verhoeff's patient, which had been donated to Harvard. All those years later, he concurred with Dr. Verhoeff; the X-ray had cured the cancer.

"For many different diseases, including eye cancer and inflammation of the eye socket, radiation has been shown to be beneficial," said Dr. Marcus, a vitreoretinal specialist who joined the Medical College of Georgia faculty this past July.

Now in pioneering work of his own, Dr. Marcus is applying X-rays to a much more common eye problem. He is working with Dr. W. Chris Sheils, chief of the MCG Section of



Radiation Oncology, to determine if X-rays also can treat macular degeneration, a noncancerous, age-related disease in which blood vessels grow abnormally under the retina–the leading cause of legal blindness in people over age 65.

"In macular degeneration, blood vessels can grow underneath the retina and cause bleeding and scarring," Dr. Marcus said. "This leads to loss of central vision, the ability to read and recognize faces."

Today's X-rays are delivered by huge linear accelerators that focus this pure wave form of energy on tumor cells, thereby damaging their ability to reproduce, Dr. Sheils said. With macular degeneration, the same X-rays are aimed at the blood vessels in the back of the eye, with the idea of controlling the growth of cells involved in excess blood vessel production, he said. "The way radiation works on the blood vessels is really at the cellular level," Dr. Sheils said. "What you are attempting to do is damage certain cells and minimize damage to other cells."

The doctors hope X-ray treatment–possibly combined with more standard laser therapy–can bolster the 50-50 chance patients have today of controlling their disease and preserving their sight.

About 25 percent of the country's elderly have macular degeneration involving the key portion of the retina, called the macula. Symptoms may begin as a slow, progressive decline in the ability to perceive fine details. Causes are not clear, but risk factors include a family history of the disease, fair skin and exposure to the sun's ultraviolet rays. Women seem at slightly higher risk.

Dr. Marcus describes the healthy, clear retina as an extension of the brain at the back of the eye that records images focused by the lens and cornea, then sends the signal to the optic nerve. Just as cells throughout the body slough off and die, a retina builds its own pool of waste with time, typically between itself and the choroid, a layer of blood vessels just behind it. Many people over age 65 have some of these normally harmless, yellow waste deposits called drusen. But excessive drusen deposits cause changes in the macula, referred to as macular degeneration. When excessive drusen stimulates excessive blood vessel production, severe loss of vision and even legal blindness result.

Drs. Dennis M. Marcus (left) and W. Chris Sheils

Excess blood vessel development seems a normal response of the eye to trouble as it can accompany a variety of other conditions such as diabetes, trauma, inflammation and inadequate blood and oxygen. For about 10 percent of people with macular degeneration, resulting excessive production of blood vessels in the back of the eye causes bleeding, fluid buildup and scar tissue which can destroy the central portion of the retina that enables 20-20 sight. Today's only real treatment option is a laser that destroys excess blood vessels, but destroys healthy eye tissue in its path as well.

"Usually, if we can identify the area to treat clearly, national studies indicate that patients do better than if they don't have laser treatment," Dr. Marcus said. "But for 50 percent of patients who are lasered, the growth of blood vessels either persists or recurs and often leads to vision loss.

"My basic decision to try alternative therapies is because of my frustration at treating macular degeneration with lasers and how often we don't do a good job. The results without laser are often terrible; the results with laser are sometimes bad."

The idea for more effective treatment came from a small study published in 1993 of 19 patients at the University of Belfast in Northern Ireland who were treated with X-ray; researchers found that 78 percent of the patients stabilized or actually had their vision improve.

And in Dr. Marcus' own fellowship training, he'd seen the effects of X-rays on many eyes—such as that of Dr. Verhoeff's patient—in whom X-rays had destroyed a tumor's blood supply and so the tumor.

The MCG study will be a large comparative one of 300 patients in which some patients receive standard laser treatment, some get X-ray alone and others get both.

The new X-ray treatments take just a few minutes; patients will receive six to eight sessions and so receive a cumulative dose that is less than that used to treat eye cancer. Only one eye will be treated on each patient and they will be followed for four years.

"I hope we will be able to preserve some vision," Dr. Marcus said. "And I hope in some patients we will save their central vision and that our work will generate more ideas." ■

—TONI BAKER

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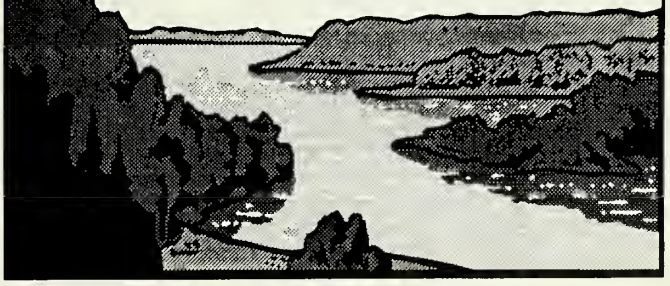

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Tender Loving Care

A recent Friday morning dawned cold and cloudy in Louisville, Ga., but the Jefferson Hospital Prenatal Center was cozy and warm.

Warmer still was the ambiance. "Hi, Janice. How's it going?" staff members asked their third patient of the day as she walked inside and shed her coat. Janice, 8 months pregnant, was immediately escorted to an examining room.

"I'm so fat, Jean," she said self-effacingly as she stepped on to a scale.

"No, darlin,' you're beautiful," the nurse replied.

Everyone around here is on a first-name basis. The staff knows not only the patients, but the patients' kids, their moms, their jobs, their homes.... It's information obtained not by glancing at a chart, but by being a friend. They know where their patients live, for instance, because they've likely been by to visit. They know their family members because relatives often accompany mothers-to-be to the clinic. Photos of the the patients' children decorate a centrally located bulletin board. And the friendships endure even after the patients deliver their babies;

Amy Bedingfield and patient Janice Lockhart

Jean Warner with Ms. Lockhart

the staff can't wait to see new little faces and add their pictures to the bulletin board.

And how does the clientele respond to such personalized service?

"I never miss an appointment," said Melissa Reed of Wadley, Ga., who at age 19 is expecting her first baby this spring. "I love coming. And when I get here, I don't want to leave."

Not exactly the sort of testimonial one associates with visits to a health clinic. But, as its patients attest, the Jefferson Hospital Prenatal Center is no ordinary clinic.

In May 1993, the Medical College of Georgia School of Nursing, along with Jefferson Hospital in Georgia's rural Jefferson County, opened the center to improve prenatal and postnatal care in the county. The center, funded largely by a portion of MCG's Indigent Care Trust Fund, is staffed by a nurse practitioner, registered nurse and administrative manager. The center is open five days a week and offers free services to low-risk expectant mothers. Dr. Bruce Work, an MCG maternal-fetal medicine specialist, serves as a consultant. All patients are referred to MCG during their last month of pregnancy, and expectant mothers determined to be at high risk are referred immediately to MCG.

Prior to the center, low-income expectant mothers in the county generally had to travel to MCG for prenatal care—a 50-mile commute which was largely impractical. The low-income patients' other alternative was the Jefferson County Department of Health, which offered the services only one day a week.

"Overall, women from Jefferson County who delivered their babies at MCG didn't begin prenatal treatment early enough or didn't keep their appointments regularly," said Dr. Nancy Williamson, director of the MCG School of Nursing's Rural Health Outreach Program.

The Rural Health Outreach Program was begun in 1988, funded by a grant from the W.K. Kellogg Foundation of Battle Creek, Mich., to help improve health care in Jefferson County, the fifth most economically disadvantaged county in Georgia. Among the health problems illuminated by the program was widespread lack of prenatal care. Dr. Williamson and her staff began laying the groundwork for a prenatal center that women would want to come to, one that was friendly and convenient. If a woman worked or went to school, the appointment would be scheduled accordingly. If she needed a ride, transportation would be arranged. If her other children accompanied her to the center, a staff member would be on hand to baby-sit during the examination.

Dr. Williamson recalls hearing comments during the center's development that such service might foster excessive dependency. But she reasoned that people have to be respectfully and lovingly cared for before they can do the same for others. And those living in poverty—as many in Jefferson County do—frequently have precious few good role models to emulate. Besides, people's lives were at stake. Too many mothers' and children's health were being jeopardized because too few women sought early and regular prenatal care.

Now that the center has been in operation almost two years, Dr. Williamson believes the statistics speak for themselves. Two-hundred-and-three patients were treated in the center from May 1993 to May 1994. During that year:

- Sixty-eight percent of Jefferson County expectant mothers sought prenatal care during their first trimester, compared to 38 percent the year before.
- The infant mortality rate in Jefferson County was 12.2 percent lower than the year before.
- Patients of the center had less than half the maternal-related complications of a control group of women who didn't use the center.
- The incidence of breast-feeding in Jefferson County was 250 percent higher than the year before.

■ None of the center's patients had a sexually transmitted disease when they delivered. (More than a third were diagnosed with sexually transmitted diseases when they began prenatal treatment, indicating that all were successfully treated.)

The program recently received the Georgia Rural Health Association's 1994 Rural Program of the Year Award. "We have exceeded all expectations," Dr. Williamson said. The center anticipates serving around 300 patients this year.

"It's very user-friendly," she said. "This is not high-tech care. It's very personalized and empowering."

Staff members maintain a donor-stocked "clothes closet" and other resources for needy patients and help link them with social services when necessary. The staff also offers childbirth and breast-feeding classes and invites patients to watch health-promotion videos while in the center.

"It gives me a chance to teach, to be a part of these young people's lives," said Jean Warner, the center's registered nurse. "Where would they get this information otherwise? We tell them there's no stupid question. When you're pregnant, especially for the first time, often you just don't know."

Janice Lockhart, for instance, had never even considered breast-feeding until coming to the center for prenatal care. "I'm thinking about it now. It's something I never thought about before."

Melissa Reed concurs. She plans not only to breast-feed, but she's heeding the staff's advice to bolster the health of both her unborn child and herself. "I know the types of foods I should eat. I eat lots of vegetables. I walk 30 minutes every day."

Such commitment is gratifying beyond words for Amy Bedingfield, the center's nurse practitioner. "It's so rewarding when everything turns out well," said Ms. Bedingfield, who treats eight to 10 patients a day and meets with Dr. Work monthly, or more often as needed, to discuss their care. She grew up in Jefferson County, so she is well-acquainted with her patients' lifestyles and culture—including a disproportionate rate of teen pregnancies.

"You really have to have a non-judgmental attitude," she said. "Most of our patients are single. You have to accept them as they are and build on their positive traits to make a difference."

On the other hand, she doesn't hesitate to counsel the women about how their choices affect not only their own lives, but that of their children.

"We talk about how important it is for the father to be involved in the baby's life," she said. "We feel that if they're involved during the pregnancy, they'll be more likely to stay involved after the baby is born. And a good many of the fathers do come to the center. We let them listen to the baby's heartbeat and discuss the baby's developmental stages."

She also hopes that the center's influence will have a trickle-down effect of discouraging pregnancy among teens and unwed women.

The center's Maternal-Infant Care Coordination team, funded by the Kellogg Foundation, makes home visits to the patients before childbirth and for a year afterward, ensuring that babies are healthy and immunized. The team also visits mothers who miss their appointments at the center, offering transportation if necessary. "They work all the way through the pregnancy to assess the living conditions and make sure the baby is brought home to a healthy environment," Dr. Williamson said.

"I can't tell you how good I feel about the level of acceptance we've had," said Jerry Marcotte, a nurse and coordinator of the Maternal-Infant Care Coordination team. "If the clinic isn't friendly, people might choose not to come. We've provided some very valuable services."

And those services, he said, have become a labor of love. "When you're dealing with people one on one, you develop a kinship."

Ms. Warner, the center's registered nurse, agrees. "I like to treat people with the same amount of respect I would like to receive. We treat them like we would our families. When they come here, it's like meeting with a friend."

Funding for the Maternal-Infant Care Coordination team—the home-visit segment of the program—will run out this spring, but Dr. Williamson is working toward securing other funding to keep the program going. "Hopefully, people will recognize our outcomes and say, 'Hey, there's something cost-effective here.' If we prevent only one low-birth-weight baby a year, we've paid for the program twofold."

In the meantime, the center itself is growing in response to its popularity and effectiveness. The center extended its services to Washington County in December, with other rural counties to follow soon. The staff also is considering adding a midwife to deliver babies and parenting classes to help its patients even more—particularly the third who are teen-agers.

And more and more counties around the state are taking note of the program's success. "I've already been approached by centers all over Georgia to talk about replicating this idea," said Rita Culvern, administrator of Jefferson Hospital. "Other areas see us and say, 'We could do that.' I point out to people that education is the most important aspect of this program. If people are educated, maybe there won't be a second unplanned pregnancy." ■

—CHRISTINE HURLEY DERISO

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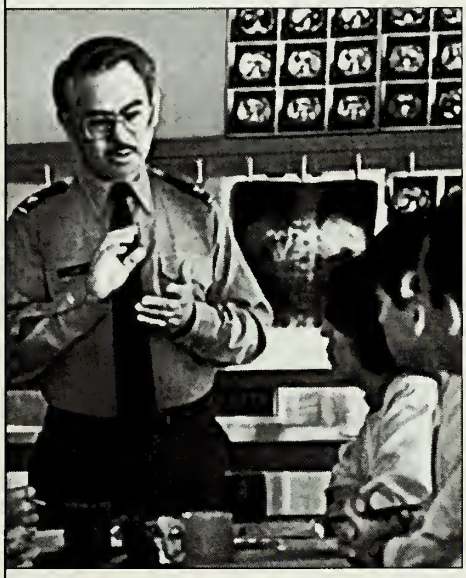

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"We keep our eyes on those boats when they are running because if something happens, we want to know immediately," Anita Black said above the 200-plus-mph roar of drag-boat racing on the Savannah River in July. "I think everybody is always sitting on ready. The boat comes down the river, everybody knows where they are and where they need to be in the event a boat crashes." Mrs. Black is acting director of emergency services at MCG Hospital and co-director of the volunteer team.

The idea for an on-site team of physicians and nurses trained in advanced trauma life support originated with the Indianapolis 500, a race-car competition. Locally, at the Hardee's–Augusta Southern Nationals, River Race Augusta and the Boshear's Memorial Fly-in, if there's a boat in the water or a plane in the sky, MCG's team must be there.

At these naturally high-risk sporting events, MCG's team is crucial for safety's sake, both for pilots and drivers as well as the volunteers and fans who gather to watch, said Tammy Stout, director of the Greater Augusta Sports Council. The medical team also is a bargaining chip, giving Augusta an edge over other cities in getting and keeping major sporting events, she said.

"The [emergency team's] planning for this race started six months ago," Mrs. Black said, referring to the 1994 Southern Nationals. "I was amazed at the communitywide support for these events." MCG physicians and nurses became a part of that support about seven years ago.

"We keep two ambulances and at least one emergency medicine doctor and trauma nurse on site," Mrs. Black said. At the 1994 Southern Nationals, the team gathered in the July heat under a tent close to the action. "This is the closest ramp to the finish line. If they are going to have a problem, they are going to have it in this area. This is where they bring any driver who's injured," Mrs. Black said. "We can get to a patient within two minutes and we can provide immediate airway support, cardiac support that can save a life.

"It makes me nervous when I see boats rocking on the water," she said, squinting as she kept her eyes on the Savannah River. "You sort of become desensitized to the noise and speed." She listened via a headset to dive team members with the Richmond County Emergency Management Agency who were in the water. "There's a big hazard when these guys are going wide-open that the boats could catch on fire or explode. It frequently happens even after they shut down at the finish line, so [the dive team has] to eyeball them until they are shut down and off the river."

If there's a crash, the divers move in first, securing the victim in a wire, 7-foot-long rescue basket; the ambulance is backed down the ramp and the crash victim quickly assessed by MCG physicians and nurses.

If there are serious injuries, the team wastes no time at the site, but heads down the road to the Regional Trauma Center at nearby MCG Hospital.

While there are not many injuries at the Southern Nationals, the ones that occur are often serious. "The worst thing that we've had at this race was a driver who was killed [several] years ago," Mrs. Black said. At these speeds, the drivers' own boats can become weapons as fiberglass bodies shatter into deadly fragments or powerful engines explode.

At River Race Augusta the month before—where boats go a mere 150 mph, but do so in a tight, tricky, circular course—there were 28 crashes, the worst of which was a five-boat pileup. "The most serious injury we had, thank goodness, was a guy with a banged-up knee. But there is the chance that drivers could have serious head injuries, that they could be killed," Mrs. Black said.

At the Boshear's Memorial Fly-In at Augusta's Daniel Field in October 1994, a pilot crashed, but he did it by falling off the back of a golf cart.

The variety and excitement of a hospital emergency room mark these outdoor versions as well. Team members spend a fair amount of time taking care of the headaches, insect bites, minor scrapes and heat exhaustion of the spectators. "We bring a whole variety of first-aid supplies, everything from [bandages and pain relievers] to major trauma equipment, suture equipment, intubation material and cast material," said Maureen "Mo" Gensheer, trauma nurse.

"We give out tetanus shots and hand out a lot of suntan lotion and aloe vera because of sunburn," said the nurse who was spending her weekend on the banks of the Savannah River because of her love of the outdoors and her belief in community service. "If you are going to commit to something, you are going to do it. That's just my basic philosophy. So I'm here."

Team organizer Mrs. Black said it's not too hard recruiting good help for these major sporting events. Dr. Hartmut Gross, busy that October day assessing the injuries of the fallen pilot, began working the sporting events as a resident and today, as a faculty member, continues his volunteerism as the team's co-director. "Any time you have a mass gathering like this, there are bound to be some injuries," he said pragmatically.

"Other residents and students volunteer for events such as the [Children's Miracle Network] telethon and the homeless health clinic," said Dr. David Turner, emergency medicine resident, who years before worked as an emergency medical technician in nearby Aiken County before opting to continue his education.

"This is just perfect for emergency medicine residents," said Dr. Cissy Mullinax, another second-year resident working that weekend afternoon. "It's what we want to do." ■

—TONI BAKER

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Billy Edwards, President

AlumNews

Dr. Tedesco Urges Mindsets to Keep Pace with Progress

Christine Hurley Deriso

The Medical College of Georgia's solid base is serving as a springboard to broaden its scope and mission, according to President Francis J. Tedesco.

The university's excellence in education, research and patient care is "the single most significant reason we can pursue new ventures," Dr. Tedesco said during his 1994 State of the University Address delivered Nov. 17. "We've tended our own garden, and we're ready to look beyond our own back yard."

Innovations at MCG – including telemedicine, distance-learning and MCG's pursuit of a contract to oversee medical care for 1.6 million Department of Defense beneficiaries – represent significant challenges. And the biggest challenge is helping people see beyond the status quo to envision what could be.

"We have the ability to alter the future of this nation in a number of significant ways," Dr. Tedesco said. "But it's been said that the hardest thing to change is a mind. Metanoia: the transformation of mind. It remains the single most difficult challenge facing the Medical College of Georgia today."

But MCG's progress illustrates that such resistance can be overcome. Specific examples of recent progress include:

Dr. Francis J. Tedesco delivers State of the University Address

- *U.S. News and World Report* ranking MCG's graduate nursing programs 47th in a field of more than 200.
- MCG's receipt of a $1.5 million Generalist Physician Initiative Grant from the Robert Wood Johnson Foundation to address the generalist shortage in the United States.
- MCG's establishment of a 59-site statewide telemedicine network.
- MCG's initiation of a baccalaureate distance-learning program in medical technology.
- MCG's construction of an inter-disciplinary research center, scheduled for occupancy in September 1995.
- MCG's upcoming ground-breaking for its Children's Medical Center.
- An increase of black graduates from 6.8 percent of all graduates in 1993 to 9.7 percent in 1994.
- An average 3.29 grade-point average for 1994 freshman dental students – the highest of any class since 1982 and 10th highest of all dental schools in the nation.
- MCG's senior dental students ranking fourth in the nation on part II of the National Board Examinations.
- An 11 percent increase over 1993 in the number of 1994 applicants to the medical school (2,006 applicants for 180 slots).
- A 24.2 percent increase over 1993 in total extramural funding (more than $21.9 million).
- A $12.1 million grant from the National Institutes of Health to help prevent strokes in children with sickle cell anemia.
- A 133 percent increase since 1988 of MCG Foundation assets ($29.8 million).
- An 8.7 percent increase over 1993 in faculty-reported publications (1,304).
- MCG's establishment of a Clinical Enterprise System to consolidate the leadership of the hospital and clinics, School of Medicine and Physicians Practice Group.

Such progress and innovation must continue, particularly in light of factors such as health-care reform, managed care, an explosion in health-sciences knowledge and evolving educational needs, Dr. Tedesco said. ■

Alum's Artwork Has Global Audience

Ingrid Heggoy

David Mascaro is putting his artistic talents to good use on many fronts.

Not only is he a faculty member in the Medical College of Georgia Department of Medical Illustration, he also now is one of two medical illustrators for the Ciba Collection of Medical Illustrations, a set of medical atlases aimed at clinicians, published by Ciba-Geigy Pharmaceuticals for more than 30 years. And in his spare time, he paints portraits.

He was selected to work with the Ciba atlas in a nationwide search after the death of the collection's original illustrator, Dr. Frank Netter.

"Dr. Netter was on an advisory board for our department during the 1980s, and in 1988, I got the chance to meet him," he said. "I left a business card, and asked him to call me if he needed anyone to help him on some projects, because I knew he was very busy. Then he called about a year later, and asked if I wanted to work on some illustrations for the musculoskeletal volume of the atlas.We worked together for about four months."

After Dr. Netter's death in 1991, Ciba asked 10 artists from throughout the country to render a sketch that had been done by Dr. Netter in a style consistent with his. Based on his rendering, Mr. Mascaro was selected to illustrate the atlases.

"I think that it helped that I had worked with him before, and I was familiar with his style and color palette," he said. "I grew up studying his work."

He is now creating the illustrations for Ciba's updated atlas on the heart and cardiovascular system. "The current book is 10 years old, and so much has changed during that time that we're actually splitting it into two volumes now. It's a tremendous project and probably will take five or six years to complete."

Mr. Mascaro is now a three-fourths-time faculty member in the department, allowing him time to work on the atlas in his studio at home one day a week. He has been at MCG since 1971, but he was familiar with Augusta even before then, as he is a 1969 graduate of the medical illustration program. "I went to work as a medical illustrator in Syracuse, N.Y., after I graduated, but then after just a couple of years, I got the opportunity to come back here and teach, so I took it," he said. "I've been here ever since."

He also is a regular presenter at the Association of Medical Illustrators' annual convention, giving workshops on color in illustration and color painting.

Before entering the MCG medical illustration program, Mr. Mascaro attended several major art schools in New York, including the Art Students' League and the National Academy of Fine Arts. "I was in art school for five years before I became interested in medical illustration, so I had a good basis in classical art–drawing and painting."

"I went to work as a medical illustrator in Syracuse, N.Y., after I graduated, but then after just a couple of years, I got the opportunity to come back here and teach, so I took it. I've been here ever since."

He continues to use that classical training even today, and his work is hanging in several locations on campus. This fall, he completed a portrait of Dr. Lowell Greenbaum, the recently retired dean of the MCG School of Graduate Studies and vice president for research, commissioned by the school's alumni association. He also has been asked by the School of Medicine Alumni Association to paint portraits of five former deans, and he has already

David Mascaro

completed two of those. The paintings hang in the dean's conference rooms for each of the schools.

He also has been commissioned regularly by other institutions, including East Carolina State University, to paint portraits of retiring academic administrators.

"When I retire from MCG, I really hope that I'll be able to increase the amount of portrait painting I do," he said. "Although I won't be teaching as much, I'll probably continue to work just as much as I can." ■

A Message From the Dean

Dr. Biagio Vericella

The year 1995 is with us, marking still another beginning. We send best wishes to you for a happy and successful year as you pursue your careers and personal lives.

The phonathons we had last fall were most successful, thanks to your support and contributions. It is thrilling to realize that you, who were with us during the formative periods of your professional lives, feel warmly enough toward your alma mater to donate money to further our institutional mission. All who participated at our end of the telephones—students, faculty and staff—heard your friendly voices and thoughtful comments, thereby sharing the happiness you generated. Many, many thanks to you!

As you have been reading and hearing in the news, there has been a steady increase in the quality of our applicants and as successful graduates, you can serve as models for young people, and you can encourage their consideration of the health fields. We are always in pursuit of an increase in qualified applicants. Every effort is being made to meet the health-care needs of the citizens of Georgia through the school's on-campus and remote campus programs (Dalton, DeKalb, Rome) in education, research and service. The school enrollment in fall 1995 totaled 597 students, an all-time high.

In the future, the alma mater will be a most useful touchstone as one copes with the multiple changes likely during long careers. ■

Dr. Laurich Joins Faculty

Ingrid Heggoy

Dr. Gerald Laurich has joined the Medical College of Georgia Department of Medical Technology as an assistant professor.

Dr. Laurich comes to MCG from Winona State University in Winona, Minn., where he had been an assistant professor in the biology department since 1991. He also has been on the biology faculty at St. Mary's College and College of St. Teresa, both in Winona, and he was a faculty member in the Program in Medical Technology at the University of Maryland.

He earned a doctorate in microbiology/immunology from Arizona State University and his bachelor of science degree from Otterbein College in Westerville, Ohio. He received his medical technology training through the U.S. Air Force, at Andrews Air Force Base.

He is a member of the American Society of Microbiology. ■

3 Attend Training Program

Three Medical College of Georgia faculty members were selected to participate in a four-day program designed to enhance their training in the area of early intervention for children with developmental problems.

The MCG faculty were among 15 interdisciplinary professionals from Georgia who attended the recent Southeastern Institute for Faculty Training based at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill. The institute is one of four regional institutes funded by the U.S. Department of Education.

Dr. Ricardo C. Carrasco, chairman of the Department of Occupational Therapy; Dr. R. Kevin Grigsby, director of research at the MCG Telemedicine Center whose doctorate is in social work; and Dr. Patricia L. Hartlage, pediatric neurologist attended the Jan. 7-11 institute at Amelia Island Plantation, Fla.

The MCG faculty now can train other professionals who work with children with developmental problems, such as children who are mentally retarded or born to drug-dependent mothers, to help professionals provide the earliest possible intervention in an effort to maximize children's development and reduce hospitalization and institutionalization. ■

MCG Awarded Hinman Scholarships

Glenn Hudson

The Thomas P. Hinman Dental Society presented scholarships for three Medical College of Georgia programs during its 83rd Hinman Dental Meeting March 23-26.

Two $2,000 scholarships were awarded to the MCG School of Dentistry, three $500 scholarships to the MCG School of Allied Health Sciences Department of Associated Dental Sciences Dental Hygiene Program and three $500 scholarships for the external dental hygiene site in Rome, Ga. The schools' deans will determine criteria for the scholarships.

"The level of education offered to the dental student has a direct impact on the quality of dentistry he or she will offer to future patients," said Dr. Revis Butler, chairman of the Hinman Society Board of Trustees. "The importance of hygienists in the delivery of preventive care and other supervised care cannot be overstated. We at Hinman want to encourage excellent schools and excellent students."

"We are very appreciative of the support of the Hinman Dental Society for dental education," said Dr. David Myers, dean of the MCG School of Dentistry. "We are constantly looking for ways to help our students and the Hinman Dental Society's financial support complements our efforts." ■

Dentist's Prosthodontics Research Awarded

Glenn Hudson

A Medical College of Georgia School of Dentistry researcher has been awarded the 1994 Tylman Research Award First Prize by the American Academy of Fixed Prosthodontics.

Dr. Fonda G. Robinson, assistant professor of oral rehabilitation at the MCG School of Dentistry, was presented the award at the academy's annual meeting Feb. 24-25 in Chicago. The award, which recognizes the most outstanding manuscript resulting from research funded by a Tylman Research Grant for the previous year, includes a $1,000 prize.

Dr. Robinson's research was performed under the guidance of Dr. Kent Knoernschild, assistant director of the MCG School of Dentistry's prosthodontics residency program, during her residency in prosthodontics.

"Our efforts focused on trying to see if certain ceramics used in dental materials have a tendency to allow bacterial products to adhere to their surfaces," Dr. Robinson said. "We want to find out if some types of ceramics would be preferable to use over others. If a certain type of ceramic allows bacterial toxins to adhere to it, then this may contribute to periodontal disease."

Dr. Robinson also presented her research at the annual meeting of the American Association for Dental Research in San Antonio March 8-12.

Dr. Fonda Robinson

Dr. Robinson joined the MCG School of Dentistry faculty in July 1994, after her two-year residency in prosthodontics. She graduated from the University of Kentucky School of Dentistry in 1992.

She is scheduled to begin a course in forensic dentistry at the Armed Forces Institute of Pathology in Rockville, Md. Once she has seen 25 cases in forensic dentistry, she can apply for board certification. If all goes as planned, Dr. Robinson will be the only forensic dentist at the MCG School of Dentistry. "Forensic dentistry is one of the most fascinating areas of dentistry that I am really interested in," she said.

This is the second year in a row that the academy has recognized a researcher at the MCG School of Dentistry. Dr. Francis Gagnon, a former graduate student working with Dr. Knoernschild, was awarded second place for the 1993 Tylman Award. ■

Message from Alumni Association President

Dr. Isaac Holton

Our alumni association is making some strong gains as the following figures indicate:

First, our fall phonathon fund raiser was a great success. We received pledges in excess of $22,400. This figure exceeded our goal of $20,000 by 12 percent, thanks to our alumni's favorable response.

Second, we presently have 516 dues-paying alumni members, 142 more than last year. This is a 38 percent increase which could indicate people are paying their dues sooner or we are gaining new members. Only time will tell.

Thanks to all of you who responded to our phonathon and alumni membership drive. You have helped make the efforts of our association more successful. ■

Dental Student Named to National Post

Chris Childs, a Medical College of Georgia School of Dentistry senior, has been elected to serve as one of the American Student Dental Association's two vice presidents in 1995.

Mr. Childs was elected by the association's House of Delegates for a one-year term at the association's 24th Annual Session, held Sept. 21-25 in Washington, D.C.

He also has served as president of the MCG chapter of the association and Region 5 trustee.

Mr. Childs is a member of the American Association of Dental Schools, the Academy of General Dentistry, the Georgia Dental Association and the Eastern District Dental Society.

The ASDA is the largest dental student organization in the United States with more than 12,000 members, representing approximately 70 percent of all U.S. dental students. ■

Chris Childs

Dentist Studying Effects of High Levels of Fluoride

Glenn Hudson

A Medical College of Georgia School of Dentistry researcher is studying the diverse abnormalities associated with long-term high fluoride exposure.

Dr. James Borke, associate professor of oral physiology in the MCG School of Dentistry, is taking a closer look at how fluoride affects the movement of calcium in and out of the body's cells. "Calcium plays many important roles in the function of the body's cells," he said. "In addition to its roles in the formation of bones and teeth, calcium also is essential for nerve and muscle function, and

as a messenger for communication within cells.

"Our preliminary data suggests that toxic high levels of fluoride in the body affects a mechanism in cell membranes which transports calcium out of cells," he said. "This effect of high fluoride has the potential of altering the function of many different cells and tissues throughout the body.

"It must be stressed, however, that the high levels of fluoride tested in our studies would not be reached by normal use of dental care products," he said. "The implications of this work are more relevant for areas with very high environmental fluoride levels, or for individuals, especially children, who may swallow large amounts of mouthwash or toothpaste." ■

Dental School Testing Bleaching Agent

Glenn Hudson

The Medical College of Georgia School of Dentistry clinical trials research program has received a one-year, $62,000 contract to measure the effectiveness of Opalescence, a mild bleaching agent used by dentists to whiten teeth manufactured by Ultradent Products.

The American Dental Association has only recently published standards to measure the effectiveness of tooth-whitening agents. Dental materials must undergo clinical trials before they can gain ADA approval. The ADA seal on a dental product indicates it has been proven to work.

"These products are already approved by the Food and Drug Administration as being safe," said Dr. Gene Dickinson, assistant professor of oral rehabilitation and director of clinical research at the MCG School of Dentistry. "We make sure it is possible that these products can be used effectively in dentistry."

Opalescence has been used by dentists since the late 1980s, said Dr. Dickinson. "Over the last few years, there has been a great deal of interest in bleaching and whitening agents," said Dr. Dickinson. "Some of these products have been sold over-the-counter, but most are dentist-supervised.

"The ADA Council on Dental Therapeutics published guidelines to study these whitening agents in the August issue of the Journal of the American Dental Association," he said.

"Up until now, it was up to the discretion of the dentist as to which product he used based on how well he thought it worked," he said. "Opalescence will be one of the first whitening agents to undergo standardized clinical trials to measure its effectiveness," said Dr. Dickinson. "And, if all goes well, it could be the first to gain ADA approval." ■

Dr. Garnick Named Fellow

Dr. Jerry Garnick, chairman of the Department of Periodontics and professor of oral biology at the Medical College of Georgia School of Dentistry, was awarded a fellowship in the American College of Dentists Oct. 21 at the college's annual meeting in New Orleans.

The American College of Dentists was established in 1920 and recognizes dentists who have made significant contributions to advancing dentistry, oral health care and humanity. The college is actively involved in professional education, research, health-care ethics and policy. Fellowship in the college is by invitation and is based on nomination and peer review.

Dr. Garnick is a member of the American Dental Association, the American Academy of Periodontology and the International Association for Dental Research. ■

Dr. Nayyar Featured Speaker

Dr. Arun Nayyar, chairman of the Medical College of Georgia School of Dentistry Department of Endodontics, was the featured speaker Oct. 14 for the Toronto Crown and Bridge Society and for the 135th Annual Session of the American Dental Association Oct. 21 in New Orleans.

Dr. Nayyar discussed "Enhancing Clinical Efficiency in a Fixed Restorative Practice." ■

Dr. Parr Named Academy President

Dr. Gregory R. Parr, professor of oral rehabilitation and director of the maxillofacial service at the Medical College of Georgia School of Dentistry, has been elected president of the American Academy of Maxillofacial Prosthetics.

Dr. Parr has been a facutly member of the MCG School of Dentistry for more than 17 years. His duties as president will include serving as chief executive officer. Dr. Parr will serve a one-year term.

Dr. Parr graduated from the State University of New York at Buffalo School of Dentistry with a degree of dental science in 1972. He received his master of science degree from MCG in 1991. He is a member of the American College of Prosthodontists, the American Academy of Osseointegration, the American Society of Ocularists and the American Association of Dental Research. ■

Dr. Ivanhoe Named President

Glenn Hudson

Dr. John Ivanhoe, associate professor of oral rehabilitation at the Medical College of Georgia School of Dentistry, has been named president of the newly formed East Georgia Section of the American College of Prosthodontists.

Col. Max Gaston, of the U.S. Army DENTAC, Ft. Gordon, Ga., has been named vice president and Dr. Carol Lefebvre, associate professor of oral rehabilitation at the MCG School of Dentistry, has been named secretary-treasurer.

The East Georgia Section of the college consists of civilian private practitioners, military dentists, faculty members and residents of MCG and the Department of Veterans Affairs Medical Center faculty.

The college is the largest national organization representing the specialty of prosthodontics. ■

Associate Dean of Graduate Studies Relishes Challenge

Christine Hurley Deriso

Dr. Gary C. Bond has always enjoyed working with students, but his newest role at the Medical College of Georgia has broadened his scope considerably.

Dr. Bond, on faculty in the Department of Physiology and Endocrinology since 1976, was named associate dean of the School of Graduate Studies in September. He works closely with Dr. Darrell Kirch, dean of the MCG School of Medicine and acting dean of the graduate school, and generally oversees the graduate school's day-to-day operations.

"I think the communication lines between Dr. Kirch and me are good, and that's critical," Dr. Bond said. "I feel very comfortable bringing an issue to his attention, and he's very responsive."

Dr. Bond's new role complements interests he's cultivated throughout his career. "I've had a strong interest in the graduate program for years, particularly in increasing the diversity of students," he said. "I've served as a minority recruiter for the school for several years and I've always been involved in graduate teaching – working with students in the lab, for example."

He now works not only with students in the biomedical graduate programs, but those in nursing, allied health sciences and oral biology as well. These graduate programs are growing quickly, and Dr. Bond relies heavily on faculty in the schools to help keep him abreast of developments. Such interaction among the schools is among the most significant aspects of his job, he said.

"I think we have a special role for encouraging integration of faculty and students from different schools," he said. "The nurse anesthetist program (a new graduate program) is an excellent example of that. The nursing faculty worked very closely with the Department of Anesthesiology to develop the program."

Dr. Bond also has worked to build more bridges between the basic and clinical faculty. For instance, he's the course director of the biomedical graduate programs' new core curriculum, implemented this past fall.

The core "is a body of knowledge which will benefit all biomedical students, no matter which research area they pursue," Dr. Bond said. "It's one of the few courses that's been truly interdisciplinary."

The core begins with a course in cellular function, then moves on to an overview of physiological systems. Basic and clinical faculty volunteer their time to provide presentations during the courses. Students are required to complete a term paper and make an oral presentation of a research paper, for which a faculty member serves as an advisor. During the third quarter of the core, students must write a simulated grant application – designing the budget, defending the scientific merit, etc.

Sixteen students currently are enrolled in the core, which Dr. Bond plans to refine over time as needed, with the help of the faculty. "The first time through any sequence of courses is a time of refinement so students can maximize what they're getting out of it and we can meet our goals," he said.

As associate dean, Dr. Bond also is involved in recruiting students. "I like to see a student who shows the academic potential to do the work and a strong interest in the sciences," he said. Currently, about 10 percent of MCG's graduate students are African Americans – a number he'd like to see grow. But the existing diversity of the student body – including representatives of several foreign countries – is one of the school's biggest assets, he said. The school tries hard to make sure all its students feel comfortable – particularly those, for instance, who speak English as a second language.

"But communication tends to get worked out, especially in a lab, because people are working so closely together," Dr. Bond said. "And the students help each other a great deal." Also, students are invited to join MCG's International Club.

Although Dr. Bond concedes that he misses his work in the lab, he is looking forward to the challenge of helping nurture an entire student body. "I'm really excited about this opportunity. I see the graduate faculty initiating innovative programs to train our students to meet the needs of an evolving health-care system." ■

Dr. Gary Bond

Student's Cellular Research Wins Award

Christine Hurley Deriso

A Medical College of Georgia graduate student has been honored for research that may eventually help determine specifically how a diseased cell differs from a healthy cell.

Donna L. Adams, who is earning her Ph.D. in the MCG Department of Immunology and Microbiology, won MCG's Sigma Xi Science and Community Award during the school's Graduate Student Research Day Nov. 11. She also received the 1993 Georgia Academy of Science Award for Best Graduate Student Presentation. Her research involves the nucleus, the cell's control center which contains all of its genetic information.

"We know much about the function of the nucleus, but much remains to be learned about the structural basis of these functions," she said.

She and her faculty adviser, molecular biologist Lon Hodge, are probing proteins associated with cell division. One of the proteins they have detected seems to belong in a class of proteins known as "nuclear pore" components. Scientists have theorized for several years that nuclear pore components are associated with chromosomes during cell division, but such a protein has never before been isolated. If this nuclear protein is indeed a nuclear pore component, "this is what people have been looking for since 1977," Ms. Adams said.

This research "helps us learn much about the nucleus itself and exactly what happens to it during mitosis," she said. "By understanding normal nuclear protein structure, it will be possible to compare healthy cells with diseased cells." And a better understanding of the characteristics of cancerous cells may eventually shed new light on the disease, Ms. Adams said. ■

Donna L. Adams

Dr. Mahesh Named Fellow

Dr. Virendra B. Mahesh, Regents professor and chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has been elected a member of the Order of International Fellowship of the International Biographical Centre of Cambridge, England.

The International Biographical Centre has published international Who's Who titles since 1960. Dr. Mahesh has been listed in many of the publications. The centre's board selects members of the Order of International Fellowship based on accomplishments of a worldwide scope. Membership is limited to 500 worldwide. Its motto is Pro Bono Publico – for the interests of all people.

Dr. Mahesh, who earned a Ph.D. in organic chemistry from the University of Delhi in India and a Ph.D. in biological sciences from Oxford University in England, joined the MCG faculty in 1959. In 1965, he initiated the first Ph.D. endocrinology program in the United States. In 1972, he was named chairman of the department, succeeding Dr. Robert B. Greenblatt, the founder of the endocrinology department and Dr. Mahesh's colleague in groundbreaking fertility research. ■

Dr. Sohal Appointed to Study Section

Dr. Gurkirpal Sohal, professor in the Medical College of Georgia Department of Cellular Biology and Anatomy, has been appointed a member of a National Institute of Mental Health study section.

Dr. Sohal will serve a four-year term on the Molecular, Cellular and Development Neurobiology Study Section. The section, which meets three times a year, reviews grants regarding the development of the nervous system and disorders of the brain, such as Alzheimer's disease, Huntington's disease and schizophrenia.

Dr. Sohal, who earned his Ph.D. in anatomy from Louisiana State University in New Orleans, has been on the MCG faculty for 20 years. ■

Surgical Oncologist Reflects on 46-Year Career

Christine Hurley Deriso

It's a bit ironic that surgical oncologist Daniel Sullivan, who says he's "more comfortable in the operating room than anywhere else in the world," never chose to be a doctor.

He was in the U.S. Army during the height of World War II. The military decided to train its brightest soldiers to be physicians and engineers; if the war dragged on for years, they'd be needed. After taking a few tests, the Army sealed Dr. Sullivan's fate: he was going to medical school.

"I wanted to be a ball player," he said with a smile. "But it was just as well. I couldn't hit."

But as soon as he enrolled in the Medical College of Georgia School of Medicine in 1945, he felt right at home. He enjoyed his studies and made top grades. He decided almost immediately what he wanted to do with his career: surgery.

Also during medical school, he met Anne Kelly, daughter of Dr. G. Lombard Kelly, MCG's first president. They married in 1947.

After completing a residency and fellowship (plus a stint in Korea with the Army), Dr. Sullivan and his wife settled in Augusta and began raising their family, which eventually included three children. Dr. Sullivan chose Augusta largely because of his father-in-law's prescience: he established a department of oncology in 1948, establishing the school as ahead of the curve nationally in the field. Dr. Sullivan hung his shingle in 1959 and has maintained the practice ever since. He was the first surgeon in Augusta to confine his practice to surgical oncology.

Dr. Sullivan was intrigued by the field and drawn to the challenge. Tumors have been surgically excised since the year 5000 B.C., he said, but when he began his practice, drugs to treat cancer were virtually non-existent. He wanted to do everything he could to stack cancer patients' odds.

The field has changed dramatically since Dr. Sullivan began his career, and he reads voraciously to stay abreast. He also teaches Medical College of Georgia residents completing a general surgical rotation at University Hospital. He's been given many honors for his contributions, including most recently having the senior residents' general surgical rotation at University named the "Sullivan Service."

"I like teaching," he said. "I'm just giving back what people gave to me."

Despite the changes in the field, Dr. Sullivan's bedside manner and overall philosophy have remained constant. His speech is soft but candid, his manner compassionate yet pragmatic. He isn't afraid of cancer and urges his patients not to be, either.

"Everybody I see either has cancer or we suspect they do, and they're all apprehensive. Once a diagnosis of cancer is made, the infinite line of mortality becomes finite," he said. "I tell them we can't give them the moon, but we can try." Cancer in many cases has become treatable enough to be considered a chronic, rather than fatal, disease, he said, and the word need no longer instill terror in people's hearts.

"To be afraid of it is worse than having cancer," he said. "Can you imagine worrying about cancer until you're 96? What happened to all those 96 years? You can't live if you go around worrying all the time."

Of course, some people do die of cancer, but Dr. Sullivan is typically philosophical on the subject. "The most dangerous thing in the world is to be born. It leads to death 100 percent of the time," he said. "I think people in this country have forgotten that. People today want solid answers, and you can't always give them that."

On the other hand, he does everything he can for his patients. "You do what you do and you help some people," he said. "If you get down because you fail, you'd never do this work."

He'd like to go on doing his work indefinitely. "I'm the most calm in the operating room," he said. "I'd much rather be in the operating room than to be driving around in Atlanta." But at age 71, he's thinking about retirement – not because of his age, but because of the changing landscape of the medical field.

"I get just as worked up about my job now as I ever have," he said. "But I'm sort of like a dinosaur sitting back here grumbling about the changes [in health care] and helpless to do anything about it."

He's discouraged that cost-cutting measures seem to be squeezing specialists to the periphery of health care. And he's not a joiner; the trend toward managed care (creating teams of

Dr. Daniel Sullivan

physicians with generalists at the hub that treat a given population) doesn't suit his style. He worries that the changes are bad for patients.

"My definition of quality medicine is a well-trained physician who can make a decision as to how to treat his patient. Anything that gets in between patient and doctor to limit that freedom detracts from quality," he said.

He isn't convinced that increased bureaucracy will drive costs down, and he regrets the short shrift that seems to have been assigned to the health-care delivery of his generation. "I think health care is cost-efficient for the results," he said. "We see 80-year-olds walking around, driving, living their lives. We're living longer and better in this country than we ever have."

Nevertheless, he isn't inclined toward wistfulness or wishful thinking. He knows there's no bucking this trend, so he'll just keep doing what he's doing as long as the environment permits. And if retirement is eventually in the cards, he'll stay busy. He's accumulated 40 years of patient records that he'd like to computerize and reevaluate. And he likes the idea of spending more time with wife Anne, to whom he attributes much of his success.

"Anybody who marries somebody in medicine – with the long training periods, the difficult times you have getting started – has to be strong," he said, noting that his wife has been a champ throughout his career.

And although he's not much for introspection (who has the time?), he reflects that there's little he'd change about his life. "No regrets. I've never had any worries about my relevance or whether I would do well or not. I just did it. I couldn't do it any other way." ■

Dr. Fincher Named Vice Dean

Toni Baker

Dr. Ruth-Marie E. Fincher, associate dean for curriculum at the Medical College of Georgia School of Medicine since 1992, has been appointed to the newly created position of vice dean for academic affairs in the MCG School of Medicine.

Dr. Fincher will coordinate efforts of the associate deans for admission, curriculum, student affairs, minority affairs and faculty development to strengthen academic initiatives, the dean said.

Many of her research efforts have focused on medical student education, including areas such as why students choose the specialty they do, helping students understand depression and refining a required third-year clerkship for students in internal medicine.

She also is a co-investigator of the Robert Wood Johnson Foundation Generalist Initiative Planning Grant awarded to MCG which seeks to examine and restructure medical education to better meet the state's and country's need for more primary-care physicians. ■

Dr. Porterfield Named Associate Dean

Toni Baker

Dr. Susan P. Porterfield, associate professor of physiology and endocrinology at the Medical College of Georgia, has been named associate dean for curriculum at the MCG School of Medicine.

Dr. Porterfield, who joined the MCG faculty in 1976, replaces Dr. Ruth-Marie E. Fincher, who has been promoted to the medical school's newly created position of vice dean for academic affairs.

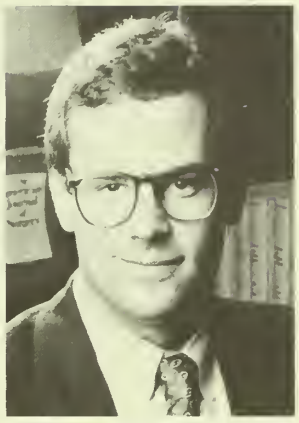
Dr. Porterfield earned her undergraduate degree in physiology and chemistry from Ohio State University and completed her master's and doctoral degrees in physiology at Ohio State. She then joined the faculty of the Georgia Institute of Technology, where she remained for three years until she came to MCG.

She has been involved with the medical school's curriculum since her first year on campus when she was a member of the Undergraduate Curriculum Committee. She has been chairman of the Phase 1-11 Curriculum Committee since 1992. ■

Alum Featured at National Meeting

Dr. Christopher U. Cates ('82), discussed his development of a new angioplasty balloon during the Nov. 13-16 American Heart Association annual scientific meeting in Dallas.

Dr. Cates, a partner in the Atlanta Cardiology Group, developed in conjunction with a medical device company an 80-mm balloon to treat a rare but potentially serious complication following angioplasty. The condition, sprial dissection, is the collapse of an artery after angioplasty, necessitating immediate bypass surgery. Dr. Cates' 18-month study of the 80-mm balloon determined that its use precluded the need for emergency bypasss surgery 75 percent of the time in patients with this complication. His catheter is



Dr. Chris Cates

now under development for future widespread use.

Also at the meeting, Dr. Cates discussed use of the Doppler-flow-wire test to assess borderline heart blockages to determine if such blockages are significant enough to warrant either balloon angioplasty or heart bypass surgery.

More than 35,000 participants attended the meeting.

Dr. Cates is board certified in internal medicine and cardiovascular disease and is a fellow of the American College of Physicians and the American College of Cardiology. He is chairman of Saint Joseph's Heart Institute Research Committee and co-director of Atlanta Cardiology's Mini-Fellowship Program for Interventional Cardiologists. He is principal investigator of several ongoing national studies in interventional cardiology and has developed several medical devices/techniques in the field which are now being evaulated by the Food and Drug Administration. ■

Dr. Lambert Named Board President

Christine Hurley Deriso

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, has been named president of the Georgia Board of Nursing.

Georgia Gov. Zell Miller appointed Dr. Lambert as a board member in 1990 and was reappointed in September 1993. Her tenure as president will last one year. While serving on the board, Dr. Lambert has served on its Education Committee and was vice president from September 1993 to December 1994.

The Georgia Board of Nursing consists of seven nurses and one consumer who are responsible for licensing nurses, developing and enforcing uniform standards for nursing education and practice, evaluating nursing education programs and implementing the disciplinary process in cases of unsafe nursing practices.

Dr. Lambert also has been named president of the Southern Council on Collegiate Education for Nursing for 1995-97. The council is affiliated with the Southern Regional Education Board and consists of 194 colleges and universities that offer programs in nursing located in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

The purpose of the council is to strengthen nursing education in colleges and universities in the South. Its president and six-member board of directors supervise activities related to identifying needs and resources for nursing education; plan and conduct regional activities to strengthen nursing education; provide a forum to share information and promote communication among collegiate nursing education programs; stimulate nursing research and disseminate findings; conduct studies and publish reports on issues related to nursing education; and adapt resolutions or position papers as a basis for planning and action.

Dr. Lambert earned a bachelor's degree in nursing from the University of Iowa, a master's degree in nursing from Case Western Reserve University and a doctorate of nursing science from the University of California, San Francisco. She has served as dean of the MCG School of Nursing since 1990. She is a fellow of the American Academy of Nursing, serves of the board of directors of the Southern Council on Collegiate Education for Nursing and is listed in Who's Who in Nursing, Who's Who in American Education, Who's Who in the South and Southeast and the World of Who's Who of Women. ■

Dr. Boyle Named Fellow

Christine Hurley Deriso

Dr. Joyceen Boyle, professor and chairman of the Medical College of Georgia School of Nursing Department of Community Nursing, has been elected a fellow of the American Academy of Nursing.

Fellows are nominated by one or more members of the academy based on their contributions to nursing, then voted on by the entire membership. Dr. Boyle was nominated by Dr. Vickie A. Lambert, dean of the MCG School of Nursing, and Dr. Joan Uhl-Pierce, a former student of Dr. Boyle's and dean of the School of Nursing at the University of Tennessee, Knoxville.

Dr. Boyle has extensively studied health matters of diverse groups of people, including Navaho Indians, Iraquis, Central American refugees, the elderly and the homeless. She recently helped form the Qualitative Research Group, which consists of nursing students and faculty from several universities who pool research findings associated with AIDS and related health issues.

Dr. Boyle earned a bachelor's degree in nursing from Brigham Young University in Provo, Utah, a master's degree in public health nursing from the University of California at Berkeley and a Ph.D. in nursing from the University of Utah in Salt Lake City. She joined the MCG faculty in 1988. ■

Dr. Joyceen Boyle (center) with Drs. Vickie Lambert (left) and Joan Uhl-Pierce

Mr. Murdock Named to National Committee

Eugene J. Murdock Jr., a nurse anesthetist at the Medical College of Georgia Hospital and Clinics and president of the MCG School of Nursing Alumni Association, has been appointed to a one-year term as a member of the American Association of Nurse Anesthetists' Occupational Safety and Hazards Committee.

Members of the committee are appointed by the association president.

The American Association of Nurse Anesthetists is the professional organization for the nation's 25,000 nurse anesthetists, who administer more than half of the 26 million anesthetics given to

patients each year in the United States. They work in every setting in which anesthesia is delivered, from traditional surgical suites and obstetrical delivery rooms in major medical centers to the offices of podiatrists, ophthalmologists and cosmetic and reconstructive surgeons. In rural areas, nurse anesthetists provide 85 percent of anesthesia serivces.

The association represents more than 96 percent of U.S. nurse anesthetists. ■

3 Named Scholarship Recipients

Three Medical College of Georgia School of Nursing students have been named recipients of the 1994-95 School of Nursing Alumni Association Scholarship Awards.

The $500 award is presented annually to one or more seniors in the nursing school who have demonstrated academic achievement, community and professional service and leadership potential.

This year's recipients are Kathleen Marie Donohue and Jeffrey A. Hornung, students at the school's Augusta campus, and Claire Dupree Holley, a student at the school's Athens campus.

Mrs. Donohue, a mother of four from North Augusta, S.C., is program chairman for the MCG Student Nurses Association and has volunteered extensively for school, community and prenatal services.

Mr. Hornung, a resident of Aiken, S.C., is president of the MCG Student Nurses Association and a member of the MCG Student Government Association.

Ms. Holley, a resident of Lake City, Ga., is treasurer of her class and School of Nursing at Athens chapter president of the Georgia Association of Nursing Students. She also is a member of the National Student Nurses Association and the Northeast District Red Cross Blood Service Committee. ■

The MCG Chapter of the Student Nurses Association had a health fair at Augusta's Grovetown Elementary School Feb. 16, checking children's vision and blood pressure. The group also participated in an MCG-Red Cross health fair at Augusta Mall recently and participated in the 10-kilometer Multiple Sclerosis Walkathon March 26.

Nursing School's Athens Campus Celebrating 20th Anniversary

Marci M. Middleton

The Medical College of Georgia School of Nursing at Athens celebrated its 20th anniversary with a reception on the Athens campus Jan. 19.

The School of Nursing at Athens opened on the University of Georgia campus fall quarter 1974 as a satellite of MCG's School of Nursing in Augusta. The program resulted from more than a year of planning in a cooperative effort of MCG, the University of Georgia, St. Mary's and Athens General hospitals. "The program brought to Athens a degree program for aspiring nurses and a recruiting ground for short-staffed local hospitals," said Dr. Lenette Burrell, professor of adult nursing.

The program initially enrolled 23 students working toward a bachelor's degree in nursing in a three-year curriculum. At that time, classes were taught by MCG faculty in UGA facilities; Athens General and St. Mary's Hospital housed clinical teaching sites. Today, 109 students are enrolled in the program which is now housed on MCG property in Athens.

"The program enables local students to acquire a baccalaureate education within the community," said Sister M. Antonette, former St. Mary's Hospital nursing director.

"This is the dream come true of many people in Athens," said Bill Singleton, former administrator of Athens General (now Athens Regional Medical Center). "I believe that any time you have a teaching situation in progress, the general level ofpatient care rises. The contact between staff and teachers and innovative new techniques improve patient care."

Other benefits of the program include helping staff that area of the state with bachelor's-degree nurses and providing students with a big-university environment, said Dr. Vickie A. Lambert, dean of the School of Nursing. "It provides an opportunity for students who want to be affiliated with fraternities and sororities to still be a member of the student body at the medical college. It provides students with the opportunity of a health sciences education and the social life contacts of a big university." ■

Ms. Sodomka Named Hospital Executive Director

Toni Baker

Patricia Findling-Sodomka, acting executive director of the Medical College of Georgia Hospital and Clinics since May 1994, has been named executive director of MCG Hospital and Clinics by MCG President Francis J. Tedesco.

"Ms. Sodomka's selection followed completion of a nation-wide search which provided an applicant pool of approximately 100 individuals," Dr. Tedesco said. "Her enthusiasm coupled with her proven administrative abilities made her an excellent choice for the position of executive director."

"I'm very excited," Ms. Sodomka said. "The changing picture of health care in Georgia and the country makes it a particularly interesting and challenging time to direct MCG Hospital and Clinics' missions of providing patient care and helping educate health-care professionals. I'm delighted to be able to continue working with the faculty and staff. We have such an outstanding group of people and I'm really thrilled to have a chance to work with them in this new role." ■

Class Notes

School of Allied Health Sciences

Muriel Herrera Adams (MRA, '69), Arlington, Va., is associate professor of health information technology at Prince George's Community College and was appointed chairman of the allied health department at PGCC in Largo, Maryland.

Nancy E. (Beth) Williams Martilik (MRA, '78), Wirtz, Va., is an assistant professor of health information management at College of Health Sciences, Roanoke, Va.

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
Glenn Hudson
Design Travis Tom
Photography Phil Jones

Irfan Shaik (HIM, '92) has been selected for a year of administrative officer training at the Department of Veterans Affairs Hospital in Palm Beach, Fla. Once he has completed this training, Mr. Shaik will be appointed an administrative officer of the VA system.

R. Lane Williams (HIM, '92) is trauma registrar for the MCG Department of Surgery. He is editor of the *Communique*, the newsletter for the Augusta Area Health Information Management Association.

Janelle Peale (HIM, '93) is working at Health South, a newly opened rehabilitative center in North Charleston, S.C. Ms. Peale is the medical records supervisor and has the responsibility of setting up the medical records department.

School of Medicine

Dr. H. Calvin Jackson Sr. ('45), Manchester, Ga., was recently reappointed by Gov. Zell Miller to the State Medical Education Board of Georgia for another four-year term. He has served continuously on this board since 1969.

Dr. Horace A.W. Killam ('59) retired from the Department of Veterans Affairs Medical Center in Augusta in 1994.

Dr. W. Graham Wood ('67), Newport Beach, Calif., director of The Corona del Mar Plastic Surgery Center and associate professor of plastic surgery at the University of Southern California, recently presented four abstracts at the 1994 63rd annual scientific meeting of the American Society of Plastic and Reconstructive Surgery. In September 1994, Dr. Wood also presented a paper titled "Dermal Subdermal Contouring of the Supratip Area to Enhance Tip Definition Without the Use of Grafts" at the Lipoplasty Society and the University of California's 12th annual scientific meeting. Dr. Wood was the invited lecturer on revisional breast surgery for the 1994 44th annual meeting of the California Society of Plastic Surgeons. His paper, "Brachial Plexitis: A Rare and Often Misdiagnosed Postoperative Complication," was accepted for publication in Aesthetic Plastic Surgery Journal and a chapter titled "Body Contour Surgery" in the second edition of Patient Care in Plastic Surgery, edited by Dr. Bernard Barret, currently in Press/Mosby.

Deadline for submitting information for publication in the summer issue of Alumnews is May 22, 1995

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Dr. Allred Colquitt III ('69), Marietta, Ga., has been named president-elect of the Atlanta Orthopedic Society.

Drs. Charles and Carrell R. Spann ('83), Las Vegas, N.M., are the parents of Jane, 1, and Michael, 3. Carrell practices dermatology and Charles practices radiology.

Dr. Jacinto J. Regalado ('85), Coral Gables, Fla., joined the faculty at the University of Miami Medical School/Jackson Memorial Hospital as a pathologist after completing fellowships in surgical and pediatric pathology.

Dr. Claude T. Su ('86), Savannah, Ga., practices cardiology with the Cardiology Associates of Savannah and is a fellow of the American College of Cardiology, American College of Chest Physicians, American College of Physicians and American Heart Association.

Dr. David B. Kahn ('90) practices emergency medicine and primary care in the rural north Florida panhandle. He went to Haiti in 1991 to staff a medical clinic and is now planning a trip to Vietnam this spring consulting for the U.S. Agency for International Development.

Obituaries

Dr. Hezekiah K. Heath ('55) died Feb. 2, 1994.

School of Nursing

Navy Ensign Sandra L. Dickey (BSN, '94) recently completed Officer Indoctrination School. During the course at Naval Education and Training Center in Newport, R.I., students are prepared for duty in the Naval staff field corresponding to their civilian profession. The first five weeks of studies include Naval history and traditions, personnel administration, military law, close-order drill and other general military subjects. During the final week, studies concentrate on the application of civilian professions within the Navy.

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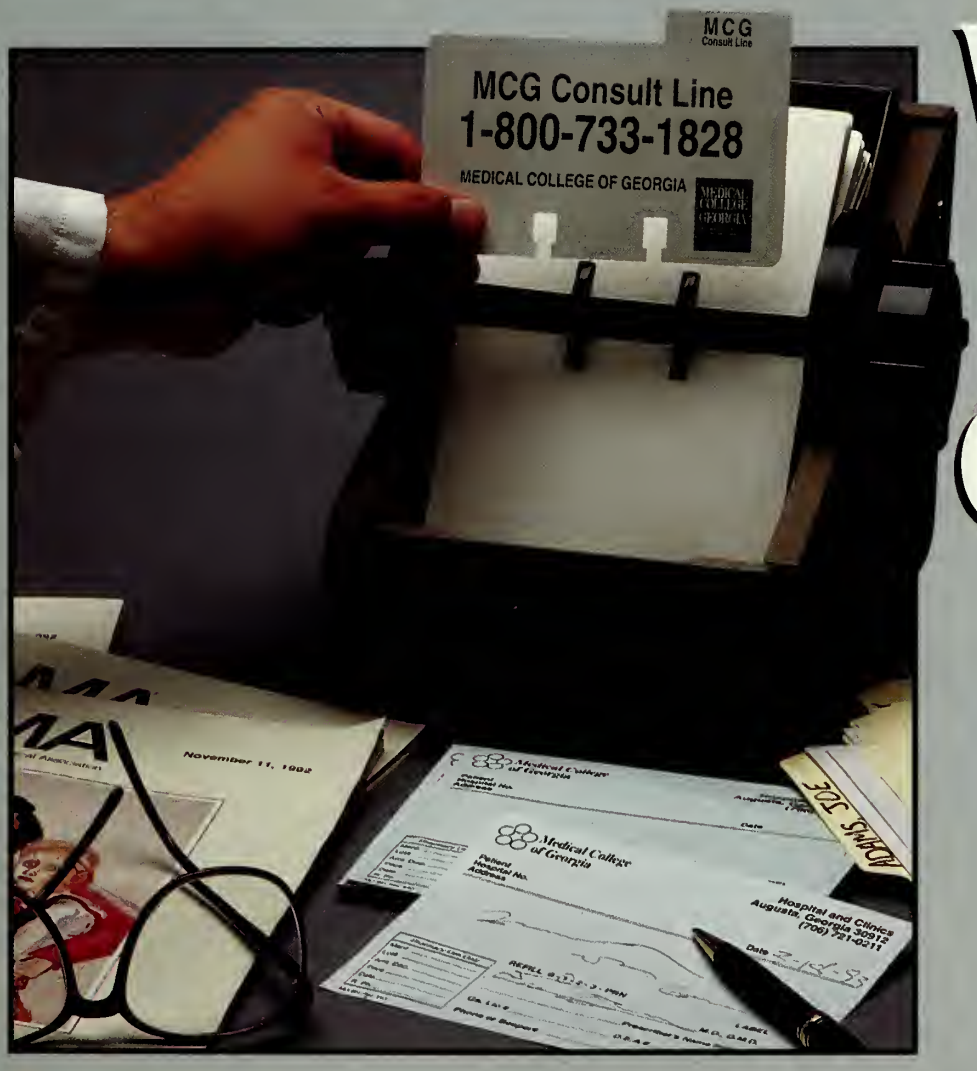

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Sharpshooting Sinus Pain

The pressure is off Denise Kaufman.

It's almost too good to be true.

"Put your head in a vice, close it shut, tight," is how she described the pressure that had haunted her so long, she could no longer pinpoint when it started.

Chronic sinusitis found Mrs. Kaufman in the flatlands of Wichita, Kan., about the time she had her first child, Brandi, 8. "I started getting infections every once in a while...a stuffy feeling all the time. When you get an infection, it feels like somebody popped you in the eye. Otherwise, it's just kind of a full point."

Changes in pressures when flying in a plane would bring tears to her eyes. She lived on antibiotics and decongestants during these high-pressure years. "Those over-the-counter things don't even touch it."

The young, otherwise healthy mother who eats right and exercises was frustrated by the unabating pressure. She learned from her doctor, Kansas otolaryngologist George Randall, that the most direct route for pressure relief was one that brought her to the Medical College of Georgia Hospital and Clinics.

Ten years before, Dr. Frederick A. Kuhn was in a solo private practice in Oklahoma City, a man frustrated with what his profession had to offer sinus sufferers and looking for something new at the 1985 meeting of the American Academy of Otolaryngology. When he saw Austrian professor Heinz Stammberger using a tiny telescope to examine the inside of an "attractive" redhead's nose, it changed his professional life.

"You could see so much inside the nose that we had not been able to see before," said Dr. Kuhn, who that day purchased the tiny telescope and the newest sinus surgery tools from Karl Storz Endoscopy.

Within five years, he was teaching courses on this minimally invasive approach to sinus repair through the nose and working with the same German company to design more tools that could access the hardest-to-reach frontal sinuses through the natural opening of the nose.

"What we do is operate on people in a much more precise way than we used to," said Dr. Kuhn referencing the old "hammer and chisel" procedures in which surgeons literally move the front of the face, destroying bone and tissue to access clogged, inflamed sinuses.

Dr. Frederick A. Kuhn in surgery

"We had to make incisions under the lip, lift the tissue up off the front of the face and make a window into the front of the cheek to get into the cheek sinus," Dr. Kuhn said. "Then we'd take away a bunch of bone so we could look into the sinus, then go through the nose...and we'd rasp a hole in there between the sinus and the nose thinking that was really going to drain the cheek sinus."

This surgery is obviously invasive, but it also works against the body's anatomy because the sinuses drain not by gravity, but by the action of tiny, hairlike structures called cilia. The cilia sweep mucus produced by the sinuses into the nose. There, the nose adds moisture to the air before air reaches the lungs, providing a sticky surface to trap particles in the air before they're breathed in.

"Chronic frontal sinusitis is the hardest of all these problems to fix," Dr. Kuhn said. One of the most accepted surgeries today is the modified lynch procedure in which an incision is made in the middle of the nose just under the eyebrow. "You go in there and take bone out so you can look into the ethmoid sinus and up into the front sinus and re-establish the connection between the front sinus and the nose. The problem is that taking the bone out allows the soft tissue to collapse in there and it's obstructed again," he said.

When all else fails, otolaryngologists trying to reach frontal sinuses make an incision either into the eyebrows and across the bridge of the nose or an incision across the top of the head. They then pull the scalp down, cut a bone flap in the forehead into the frontal sinus, scrape the lining of the sinus, drill the bone down, take fat from the abdomen to fill up and effectively obliterate the sinus, then close up the head.

"That's a big operation. The problem that I have found is that there are complications that develop later on because that operation does not address the obstruction at the outlet or opening of the frontal sinus," he said.

Many patients at MCG Hospital—including Mrs. Kaufman—have been able to avoid this and other major upheavals of the face and sinuses by working with the body's anatomy.

"What we can now do with telescopes is look directly at the areas that need to be taken care of, then take out little bits of bone and soft tissue to remove the obstruction at the opening of the sinuses—not take out big structures, not take out a lot of tissue—and restore the normal drainage pathway of the sinuses," said Dr. Kuhn. "The recurrence rate is much less than with other approaches because it addresses the root cause of the problem and the other surgeries do not."

When Dr. Kuhn learned in 1985 about the tools that follow normal anatomy and reach through the nose into all but the hardest-to-reach frontal sinuses, he was challenged to further refine the technology. He worked with Karl Storz to develop a set of instruments that reach the frontal sinuses. His frontal giraffe forceps look like distorted scissors with tiny cup forceps on the end. One version bites front-to-back and the other side-to-side, to accommodate the fact that, once inside the nose and sinuses, there's not much room for moving the instruments. There are also 45- and 90-degree angle versions to accommodate the fact that all noses aren't created equal.

Often, surgical approaches through the nose can be performed under local anesthesia; most patients go home the next day.

"It's a life-changing thing. If you can take somebody's headache away, you can change his personality," said Dr. Kuhn.

And there's plenty of pain to take away.

"Sinusitis is the most common disease in the United States; there may be as many as 35 million people each year with sinus infections," he said. Sinuses are four pairs of, essentially, air spaces that obviously lighten the skull as well as provide a resonating chamber for the voice and a reservoir of mucus to help the nose do its job. The sinuses are located at angles around the nose, where they produce a steady stream of mucus swept into the nose by cilia. Once the mucus has done its job of humidifying the air and providing a sticky surface to catch particles, it drains down the back of the throat. "It's just continuously going on," Dr. Kuhn said.

Sinusitis typically begins when this system is interrupted. Acute sinus infections typically are caused by inhaled bacteria and can be treated with antibiotics. It's the repeated bouts of infection, inflammation and swelling that may transform open sinus cavities into clogged, painful pools of mucus. It can begin when acute attacks leave behind small areas of swollen mucous membrane. Cilia become cramped and inefficient at pushing mucus out into the nose. "That changes the oxygenation in the tissue; it changes the whole physiology, which may promote the continuation of the swelling and that may predispose somebody to another acute infection," Dr. Kuhn said. The net effect of a blocked drainage pathway is trapped mucus, setting up swelling of the lining which can gradually cause the sinuses to stop functioning.

"It may well be that chronic sinusitis is a result of repeated bouts of unresolved acute sinusitis," Dr. Kuhn said. Or, the nose may grow pouchlike polyps that obstruct sinus openings, possibly in response to naturally narrow sinus openings; cystic fibrosis and trauma are two other contributors to chronic sinus problems.

An airplane passenger with a cold can fall victim when slightly swollen sinuses don't respond normally. When the plane lands, cabin pressures go up, but sinus pressures don't. It's a painful difference that may cause bleeding under the lining of the sinus, forcing the lining away from the bone, causing a blood clot that can block the sinus opening and even calcify. "We've seen that a number of times," Dr. Kuhn said.

What he doesn't want to see any more than necessary is major, invasive surgeries. At MCG, otolaryngologists-in-training are learning the newer, less-invasive

approaches and he's started a one-year sinus fellowship for those who want to specialize in these techniques. These doctors-in-training see little of the invasive surgeries because few are done at MCG Hospital anymore. "We occasionally runinto a problem that can't be handled with the intranasal techniques," Dr. Kuhn said.

Otolaryngology research fellows from foreign universities also are making a path to Augusta to learn these functional endoscopic techniques and to do basic sinus and nasal research with Dr. Kuhn.

"The goal is to train more ear, nose and throat doctors in new, correct techniques so that patients all over the Southeast or wherever else these doctors go will have the benefit of modern rhinologic techniques in diagnosis, treatment and surgery." ■

—TONI BAKER

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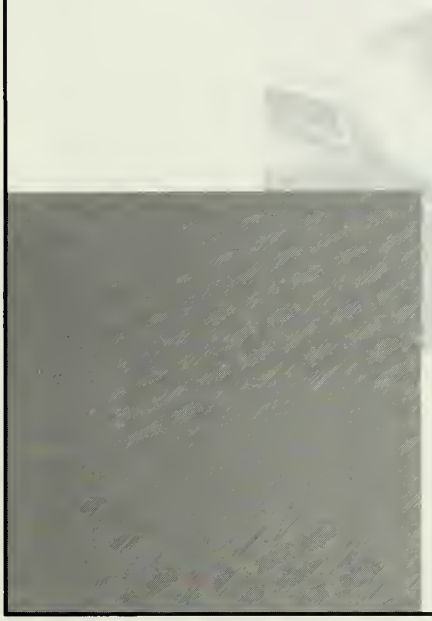

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Ahead of the Game

The Medical College of Georgia Department of Occupational Therapy has long been involved with children in the Augusta area's Head Start program, but beginning this fall, they will extend their reach even further, offering their expertise to every one of the more than 1,300 children in the program.

"We have been treating children in Head Start who are referred for occupational therapy services, but this approach could miss children whose needs might not be as obvious," said Dr. Ricardo Carrasco, chairman of the Department of Occupational Therapy. "We are now planning to potentially reach all of the program's students through a new testing procedure and in-classroom adaptive equipment that teachers will be able to use, with an O.T.'s supervision."

The occupational therapists at Head Start are devoted to helping children learn the skills they need to succeed in school. "The realm of concern for occupational therapists is occupational performance–areas like work, leisure and self-care," explained MCG occupational therapist Kathy Cammisa. "In children, that translates into functioning well in school, having the language and social skills to interact with teachers and classmates, tying their own shoes and so on."

This year, Dr. Carrasco and his associates see about 150 children through Head Start, a federally funded program for disadvantaged preschoolers designed to help prepare them to succeed in school. The Augusta-area program, CSRA-Equal Opportunity Authority Head Start, serves 11 Georgia counties, including Richmond.

In addition to Dr. Carrasco and Ms.

Student Dwayne Tillman, Dr. Ricardo Carrasco and Head Start teacher Geraldine Devlin

Cammisa, two additional occupational therapy faculty, Lynn Jaffe and Dr. Carol Endebrock Lee, as well as the director of the hospital's occupational therapy clinic, Claudia Morin, have become involved. And while Dr. Carrasco served as fieldwork coordinator for the department, he helped organize pediatric clinical experiences for O.T. students through the program, and several students have completed fieldwork experiences at Head Start. Physical therapists, psychologists, social workers and others also are available if needed.

"We either see the children directly, meaning that we have appointments with them, or we supervise their treatment indirectly, through consultation with teachers and aides, who then implement the program we design," Dr. Carrasco said.

In the classroom, Head Start students learn pre-writing and reading skills, social skills and self-care. Each child is tested when entering the program and referred for special services if needed. However, the occupational therapists and other related specialty services have recommended a new, more accurate test, the Learning Accomplishment Profile Screen, that now will be administered by the teachers. They also have developed 70 pre-writing kits, one for each area Head Start classroom.

"We help prepare the children for public kindergarten, and really for life," said Lizzie Washington, a Head Start teacher with 20 students. "We work on letters, colors, numbers, shapes, the parts of the body, socializing in a classroom, self-care, all sorts of things they are going to need when their mother isn't with them all day any more."

Three of Ms. Washington's students have special needs. "Dr. Ric (Carrasco) works with two of my special-needs kids, and I also work with each of them either individually or in small groups, to help them in their areas of weakness."

Occupational therapy's influence also is visible in other areas of her classroom, such as a box with a small hole on top, labeled "Sensory Motor," on the table. "It's an idea I got from Dr. Ric," she explained. "I have the children close their eyes and reach in the box. Then they try to identify what they pick up just by touch, and if they get it right, we give them a sticker. I get information and ideas for all my kids from O.T., not just for the few with special needs."

And the occupational therapists will reach even more next year.

"We looked at how we might be able to extend our reach and help more children than we currently see," Dr. Carrasco said. "We decided that helping give these children pre-writing skills was something that we could do by training teachers to use materials developed by O.T.s, under the supervision of O.T.s."

The occupational therapy and other specialty services staff have created multimedia training sessions for all Head Start teachers. They will teach them how to effectively administer the new screening test, as well as how to make good use of the pre-writing kit, during special training sessions throughout the spring. Through lectures, discussions, videos, computerized presentations and hands-on laboratories, teachers will learn how to screen their students more effectively and how to use the materials and equipment in the pre-writing kits headed for their classrooms. They also will learn family intervention and pre-play skills.

"The new testing procedure should more accurately identify those students who would benefit from some occupational therapy intervention, either directly or indirectly, through our consultation with the teacher," Dr. Carrasco said. "And the teacher will have a variety of new tools at her disposal to help children develop the skills they need. This will enable teachers to offer something extra to those students who are having difficulties, but who don't have problems severe enough to need direct therapy with an occupational therapist."

The kits will contain a variety of adaptive equipment for use by the teachers, such as pencil grips for children having difficulty holding a pencil correctly, boards to change the angle at which the paper lies on the table, sticky strings for practicing shaping the letters and feeling the shapes, colored chalk, etc.

"Currently, the pre-writing program at Head Start is aimed at making sure the child can hold a pencil appropriately and form letters and shapes," Dr. Carrasco said. "We're expanding the scope of that by including things like, 'Does the child have the muscle control to use the pencil properly? Does the child have the hand-eye coordination required? The spatial development to understand how to form shapes? The conceptual ability to understand directions?'"

Occupational therapists will visit each classroom throughout the year and will be available for supervision and consultation during the implementation of the new materials.

Reaching and treating children before they begin school is important, because the earlier occupational therapists intervene, the higher the chance of lasting benefits, Ms. Cammisa said.

"Depending on the specific problems of each child, when we see them early on, we have a better chance of helping them get caught up with their peers, and many of them can move on with their regular class." ■

—INGRID HEGGOY

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When it comes to health care, people often overlook the needs of the mouth. The oversight can be especially costly in the case of the elderly. Those who are frail, functionally dependent or physically or mentally compromised demand extra attention when it comes to dental care.

Unfortunately, not all counties in Georgia have the dentists needed to properly address the health needs of the population. Only two dentists practice in the medically underserved areas of Warren and Hancock counties and none practice in Taliaferro and Glascock counties. For this reason, the Medical College of Georgia School of Dentistry has set up geriatric outreach clinics in these counties to provide routine and emergency dental care.

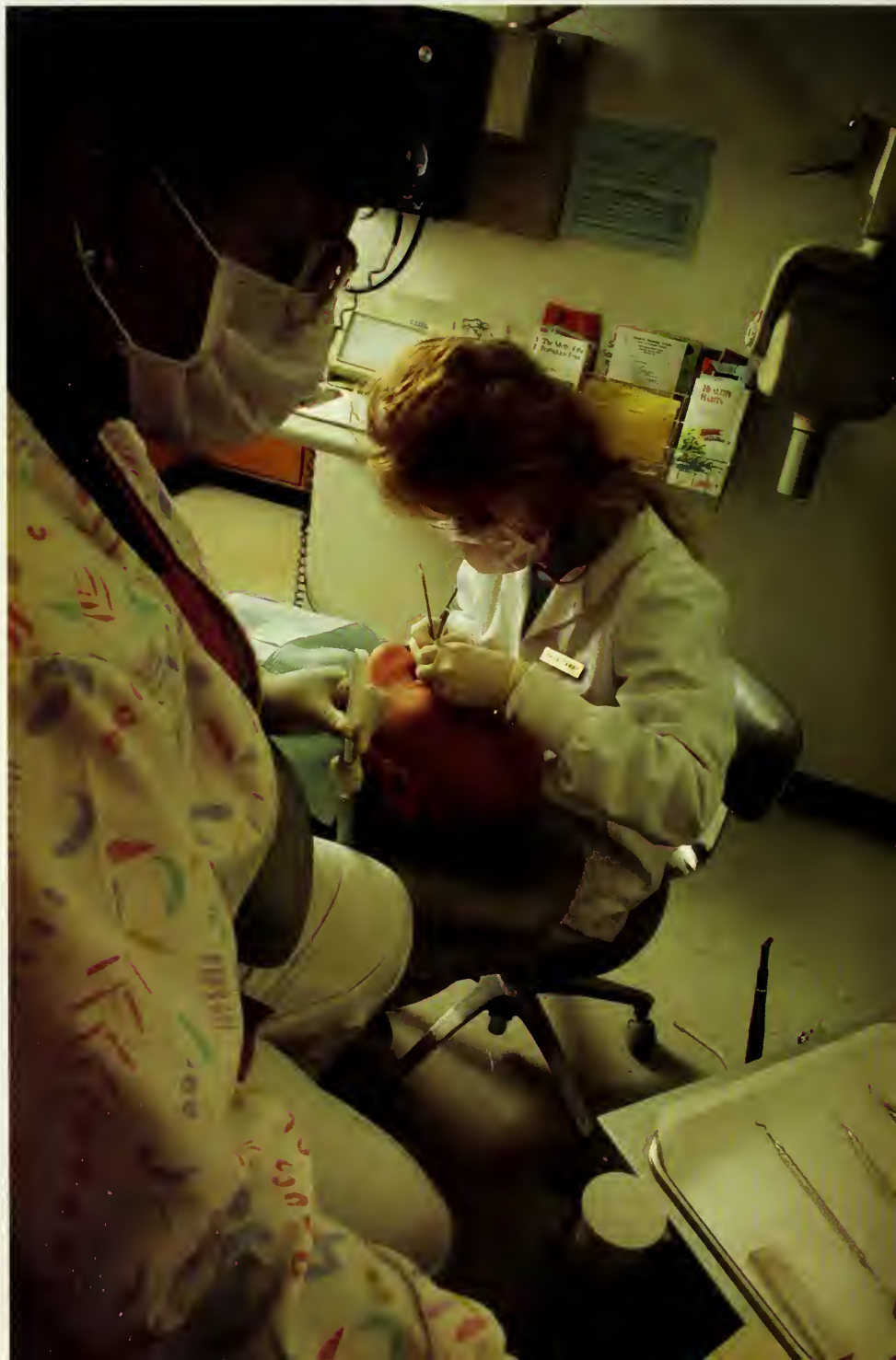
Funded by an $86,000 grant from the Central Savannah River Area Regional Development Center Area Agency on Aging, Dr. Denise Attaway, assistant clinical professor at the MCG School of Dentistry, and Mildred Rouse, a dental assistant from Augusta, provide free dental services to patients over age 60. They work in Crawfordville, Ga., on Mondays, in Gibson, Ga., on Tuesdays and in Warrenton, Ga., on Thursdays and Fridays.

Each clinic is open from 9 a.m. to 3 p.m. The Crawfordville clinic is located in the health department; the Gibson and Warrenton clinics are located in the Tri-County Health Systems Inc. clinics, where MCG also helps meet patients' medical needs. There is no clinic in Hancock County, so transportation for patients from Hancock County to the Warrenton clinic is provided.

Of the 3,869 persons over age 60 in these counties, approximately half are indigent, with little or no access to dental care, said Dr. Earl Richards, associate professor of oral rehabilitation at the MCG School of Dentistry and project director of the geriatric dental outreach service.

"There is Medicaid and Medicare for these patients which covers their overall health, but there is nothing when it comes to dental care," he said. "Medicaid covers dental care only for children. It does not cover dental care for adults.

"We are providing a needed service to a population that otherwise would be denied it," Dr. Richards said. "The service is provided totally free, because these people don't have the access or the money to see a dentist."



Dr. Denise Attaway and Mildred Rouse with Crawfordville Mayor Mark Greene

Dr. Attaway and Ms. Rouse provide comprehensive care for the approximately eight to 10 patients who come to their clinic each day, including oral cancer screening, denture adjustment or replacement and restorative procedures.

Mark Greene, the 79-year-old mayor of Crawfordville, Ga., for the past 20 years, said the geriatric outreach clinic is the best thing to happen in his town since new sidewalks and water and sewage system improvements were completed in 1986. "I got everybody I could to sign up to support it," said Mr. Greene, who himself uses the clinic because his insurance doesn't cover dental expenses. "I have a pacemaker, so I can't always drive long distances to see a dentist."

Sallie Wilson, 88, lives only half a mile from the Crawfordville clinic. On a recent visit, Dr. Attaway replaced a missing tooth in the front of her mouth so she won't cut her lip when she eats or talks. The clinic is especially convenient for her since her husband passed away in 1965 and she has no children to help her get to the dentist. "This clinic is wonderful," said Mrs. Wilson, who was born in Crawfordville. Without it, the nearest dentist would be 19 miles away.

As Ms. Wilson's case illustrates, proper dental care can make a big difference in patients' quality of life. "We are making dentures for a lot of patients we see," said Dr. Attaway. "It's very difficult for the elderly to eat the kind of foods they need to eat for proper nutrition without teeth. Some of our patients have not seen a dentist for 20 or 25 years. Some have never seen a dentist at all."

Such neglect can lead to sometimes life-threatening conditions. "You can get a yeast infection or thrush–a white film in the mouth that occurs when fungus microorganisms overwhelm the bacterial population of the mouth," Dr. Richards said. "It often occurs because dentures are not cleaned regularly.

"It's common to find a lot of debris, infection, inflammation, badly broken-down teeth and missing dentures in the elderly patient," he said. "If debris is aspirated into the lungs, it can cause a lung abscess which can kill the patient." Bad breath often indicates debris.

The clinic not only treats the elderly population, but educates them about oral health as well. "We have to educate them that even though they may have no teeth, they still need to take care of their gums," Dr. Richards said. "Their gums can get worse disease than their teeth–diseases that can kill them, like cancer. Over 90 percent of oral cancers occur after the age of 40. The older we get, the greater the risk. The five-year survival rate for oral cancer is 50 percent."

When Dr. Attaway suspects oral cancer in one of her patients, she sends a tissue biopsy to the MCG pathology lab for testing. Referrals are made to the MCG Hospital and Clinics and the MCG School of Dentistry clinics for surgical and other laboratory services.

But such high-tech service, while vital, belies one of the clinics' most important functions. "Oftentimes, the attention we give the patients is just as important as the care," Dr. Richards said. "You have to realize the most important therapy you might be able to render is just to talk to that person. The social interaction is so important.

"You must consider the whole patient and how dental care fits in with his overall health," he said. "We need to be aware that there are people who can't get out of the nursing home or their own home to get dental care. Compassion, empathy and caring is so important. I always tell my students, 'What if that patient was your father or your mother? Forty years from now, that might be you.'" ■

—GLENN HUDSON

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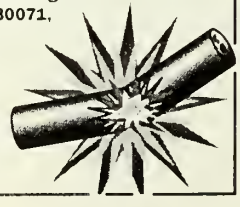

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